

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 10  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>0</td><td>8</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td></td><td>2</td><td>9</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>		M	M	M	0	8		D	D	D		2	9	Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>AMS Communications, Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>0</td><td>8</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td></td><td>1</td><td>2</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>			M	M	M	0	8		D	D	D		1	2	Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>Lake Research Partners, Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td></td><td>0</td><td>1</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>			M	M	M	0	9		D	D	D		0	1	Y	Y	Y	Y	Y	Y	2	0	1	4		
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City Washington	State DC	Zip Code 20036	Transaction ID : PDT.E.13																										
Purpose of Expenditure Polling; 9/1-9/30		Category/ Type 24E	Date of Disbursement or Obligation <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td></td><td>0</td><td>1</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>			M	M	M	0	9		D	D	D		0	1	Y	Y	Y	Y	Y	Y	2	0	1	4		
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr><td>1</td><td>0</td><td>2</td><td>1</td><td>0</td><td>.</td><td>0</td><td>0</td></tr> </table>	1	0	2	1	0	.	0	0
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(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan 20140829

[Electronically Filed]

Date

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	1	5

Y	Y	Y	Y	Y	Y
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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on          MM / DD / YYYY 08 / 29 / 2014	

Full Name of Payee <b>Lake Research Partners, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1726 M Street, NW, Suite 100		Amount 6310.00	
City Washington	State DC	Zip Code 20036	Transaction ID : PDT.E.24
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 9396.20	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.39
Purpose of Expenditure Research; 9/1 - 9/30	Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15706.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Date

MM / DD / YYYY  
10 / 15 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 10  
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NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
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Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 481.47	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.14
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 3884.34	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.15
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4365.81
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 62.68	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.17
Purpose of Expenditure Internet for Field Office; 9/1-9/30	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
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Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 899.57	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.20
Purpose of Expenditure Supplies for Field Office; 9/1-9/30	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	962.25
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.25																								
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30		Category/ Type 24A	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>0</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>	M	M		0	9		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	4		
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>501.26</td></tr></table>												501.26
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(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan 20140829

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 6 OF 10  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00556860</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 08 / 29 / 2014</div> </div>	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">MM / DD / YYYY</span> <span>09 / 01 / 2014</span> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Amount</span> <span>3884.34</span> </div>	
City State Zip Code Sacramento CA 95814	Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Category/Type</span> <span>24A</span> </div>	<b>Transaction ID : PDT.E.26</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">MM / DD / YYYY</span> <span>09 / 01 / 2014</span> </div>	
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Name of Federal Candidate Jeff Gorell	
		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Calendar Year-To-Date</span> <span>122469.79</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">MM / DD / YYYY</span> <span>09 / 01 / 2014</span> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Amount</span> <span>899.57</span> </div>	
City State Zip Code Sacramento CA 95814	Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Category/Type</span> <span>24A</span> </div>	<b>Transaction ID : PDT.E.27</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">MM / DD / YYYY</span> <span>09 / 01 / 2014</span> </div>	
Purpose of Expenditure Supplies for Field Office; 9/1-9/30		Name of Federal Candidate Jeff Gorell	
		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Calendar Year-To-Date</span> <span>122469.79</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Amount</span> <span>4783.91</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Amount</span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">Amount</span> <span></span> </div>

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Kathleen Cogan 20140829

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>8</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>2</td><td>9</td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>		M	M		0	8		D	D		2	9		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>0</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M		0	9		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	4		
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td>9</td><td>4</td><td>5</td><td>8</td><td>.</td><td>8</td><td>9</td></tr></table>	9	4	5	8	.	8	9
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(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							

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Kathleen Cogan 20140829

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 8 OF 10  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>8</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>2</td><td>9</td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>		M	M		0	8		D	D		2	9		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>Political Data, Inc.</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>0</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M		0	9		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Purpose of Expenditure Data for Field Program; 9/1-9/30		Category/Type 24E	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>0</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>	M	M		0	9		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>Political Data, Inc.</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>0</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M		0	9		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Purpose of Expenditure Data for Field Program; 9/1-9/30		Category/Type 24A	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>0</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>	M	M		0	9		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	4		
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td>4</td><td>4</td><td>0</td><td>4</td><td>0</td><td>0</td></tr></table>	4	4	0	4	0	0
4	4	0	4	0	0		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan 20140829

[Electronically Filed]

Date

M	M	
1	0	

D	D	
1	5	

Y	Y	Y	Y	Y	Y
2	0	1	4		

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 9 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 08 / 29 / 2014	

Full Name of Payee <b>Wagaman Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 886 Metal Lane		Amount 46.88	
City West Sacramento	State CA	Zip Code 95691	Transaction ID : PDT.E.18
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

Full Name of Payee <b>Wagaman Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 886 Metal Lane		Amount 46.87	
City West Sacramento	State CA	Zip Code 95691	Transaction ID : PDT.E.30
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.75
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan 20140829

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 10 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 08 / 29 / 2014	

Full Name of Payee <b>James Wisley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1570 Prospect Avenue		Amount 312.50	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDT.E.19
Purpose of Expenditure Campaign Consulting; 9/1-9/30	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

Full Name of Payee <b>James Wisley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1570 Prospect Avenue		Amount 312.50	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDT.E.31
Purpose of Expenditure Campaign Consulting; 9/1-9/30	Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		122469.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	51111.07

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Kathleen Cogan 20140829

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2014

Signature